

| | | |
|---|------------------------|----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/543,052 |
| | Filing Date | 4/5/2000 |
| | First Named Inventor | Gopal Parupudi |
| | Group Art Unit | 2681 |
| | Examiner Name | ERIKA A GARY |
| Total Number of Pages in This Submission | Attorney Docket Number | MS1-508US |

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): |
| <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> Request for Refund | PTO-1449 Form; Cited References (2); Return Post Card |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

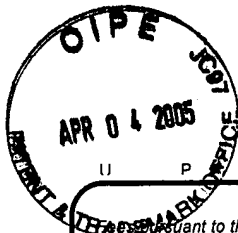
| | |
|-------------------------|--------------------------------|
| Firm or Individual Name | Lance R. Sadler/Reg. No. 38605 |
| Signature | |
| Date | 3/31/05 |

CERTIFICATE OF TRANSMISSION/MAILING

| | | |
|---|--------------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | |
| Typed or printed name | Anna G. Hook | |
| Signature | | Date 3.31.05 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



U P R 1995

Effective on 12/08/2004.
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

Complete if Known

| | |
|----------------------|----------------|
| Application Number | 09/543,052 |
| Filing Date | 4/5/2000 |
| First Named Inventor | Gopal Parupudi |
| Examiner Name | ERIKA A GARY |
| Art Unit | 2681 |
| Attorney Docket No. | MS1 -508US |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims _____ Extra Claims _____ Fee (\$)
_____ - 20 or HP = _____ x 50 = _____ Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims _____ Extra Claims _____ Fee (\$)
_____ - 3 or HP = _____ x 200 = _____ Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

180.00

SUBMITTED BY

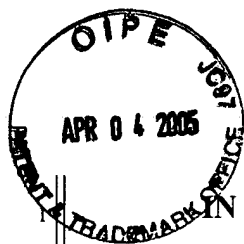
| | | | | | |
|-------------------|-----------------|-----------------------------------|---------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 38605 | Telephone | (509) 324-9256 |
| Name (Print/Type) | Lance R. Sadler | Date | 3/31/05 | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

04/05/2005 HBARZII 00000019 120769 09543052

01 FC:1806 180.00 DA



26814
850

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2 Application Serial No.09/543,052
3 Filing Date 4/5/2000
4 Confirmation No.7216
5 InventorshipGopal Parupudi
6 ApplicantMicrosoft Corporation
7 Group Art Unit2681
8 Examiner ERIKA A GARY
9 Attorney's Docket No. MS1-508US
10 Title: Context Aware Computing Devices Having a Common Interface and Related
11 Methods

INFORMATION DISCLOSURE STATEMENT

References -- See Attached Form PTO-1449

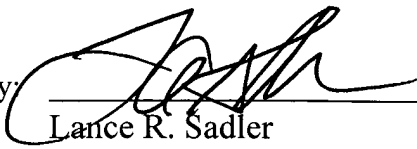
10 To: Commissioner for Patents
11 PO Box 1450
12 Alexandria, VA 22313-1450

12 From: Lance R. Sadler (Tel. 509-324-9256; Fax 509-323-8979)
13 Lee & Hayes, PLLC
14 421 W. Riverside Avenue, Suite 500
15 Spokane, WA 99201

16 The attached form PTO-1449 is submitted in compliance with Applicant's duty of
17 disclosure under 37 CFR §1.56. The Examiner is requested to make these citations of
18 official record in this application.

19 The Commissioner is hereby authorized to charge payment of fees or credit
20 overpayments to Deposit Account No. 12-0769 as set forth in 37 CFR §1.17(p).

21 Dated: 3/31/05

22 By: 
23 Lance R. Sadler
24 Reg. No. 38605
25



Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

(Use as many sheets as necessary)

| | | | |
|-------|---|----|---|
| Sheet | 1 | of | 1 |
|-------|---|----|---|

| | |
|------------------------|----------------|
| Application Number | 09/543,052 |
| Filing Date | 4/5/2000 |
| First Named Inventor | Gopal Parupudi |
| Art Unit | 2681 |
| Examiner Name | ERIKA A GARY |
| Attorney Docket Number | MS1 -508US |

[illegible][illegible]Date
Considered

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.